

Bi-Annual Report
State Adolescent Substance Abuse Treatment Coordination
Grant Program, TI-05-006
August 1, 2005-January 31, 2006

Report prepared by:

Lisa Walls, Financial Officer & Barry Kellond, Project Director

Date of Report:

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Section I-Grantee Information

- CSAT Project Officer: Randolph Muck
- Federal grantee number: TI17373
- Project name: Kentucky Youth First
- Grantee organization: Kentucky Justice and Public Safety Cabinet, Office of Drug Control Policy
- Principal Investigator: Karyn Hascal, 125 Holmes Street, Frankfort, KY 40601 (502) 564-9564, Karyn.Hascal@ky.gov
- Financial Officer: Lisa Walls, Division of Mental Health & Substance Abuse, 100 Fair Oaks Lane, 4E-D, Frankfort KY 40621 (502) 564-4456, Lisa.Walls@ky.gov
- Project Director: Adolescent Treatment Coordinator/Project Director is Barry Kellond, Division of Mental Health & Substance Abuse, 100 Fair Oaks Lane, 4E-D, Frankfort KY 40621 (502) 564-4456, barry.kellond@ky.gov
- Project Evaluator: Robert Walker, University of Kentucky Center on Drug and Alcohol Research, 915B South Limestone, Lexington, KY 40536-9824, (859)257-6623, Robert.Walker@uky.edu
- Evaluation Study Director: Erin Stevenson, University of Kentucky Center on Drug and Alcohol Research, 915B South Limestone, Lexington, KY 40536-9824, (859)257-6623, Erin.Stevenson@uky.edu
- Project Site: Division of Mental Health & Substance Abuse, 100 Fair Oaks Lane, 4E-D, Frankfort KY 40621

Section II-Current Staffing and Staff Changes

- Part A: No changes to project's key staff
- Part B: Two additional staff has been hired or selected to participate in the grant. An Adolescent Liaison began in December 2005 and an Adolescent Clinical Trainer began in January 2006. Both positions were included in the original grant application. The third position of the Adolescent Liaison position is to be filled February 20, 2006.
- Part C: There is currently one staff vacancy in the contracted evaluation component of the project - the Data Coordinator.

Section III-Project Narrative

A. Status of Required Activities

Upon receipt of the award notification several key decisions were made by the Division of Mental Health & Substance Abuse. First, the Project Director was named and appointed. The principal task for the Project Director in the first couple of months was communicating the scope and aims and this new project and to secure continued commitments from all the key public and private agencies that had contributed ideas to the initial grant application. Secondly, a memorandum of agreement had to be developed between the grantee agency and the contracted party responsible

for carrying out the aims of the project – the Kentucky Division of Mental Health & Substance Abuse. Meetings were held between the Kentucky Justice and Public Safety Cabinet and Division of Mental Health & Substance Abuse to adumbrate the key provisions and terms for the memorandum of agreement between these two parties. In addition, the Division of Mental Health & Substance Abuse had to hold similar meetings with the University of Kentucky Center on Drug and Alcohol Research for the evaluation part of the project and with Eastern Kentucky University, which provides contracted adolescent specialists for the project due to the hiring freeze on state government positions. These two subcontracts spelled out terms of services to be provided to the Division of Mental Health & Substance Abuse in achieving the aims of the Kentucky Youth First project as well as the financial terms. The financial officer for the Division of Mental Health & Substance Abuse, Lisa Walls handled these negotiations and contract amendments. Both UK CDAR and ECU held existing contracts with the Division of Mental Health & Substance Abuse and the new project had to be added as a contract amendment.

A-1: Project Director: The fulltime position was established in September 2005.

A-2: Linkages: Initial linkage activities were begun before the grant was awarded and have continued since the award. The State Interagency Council (SIAC), which is a statutorily authorized statewide children and youth planning authority, officially agreed to adopt the Kentucky Youth First initiative as one of its projects and the SIAC includes representatives from juvenile justice, education, child welfare, Medicaid and mental health.

A-3: Budget coordination: No activity to coordinate among Medicaid or other agency budgets at this time.

A-4: Barriers: There was a freeze on positions in state government which created delays in getting grant positions filled. Medicaid reports \$330 million + deficit and this has led to possible cuts in benefits.

A-5: Tools: One of the positions was filled with a trainer on the GAIN. Other plans are being made to examine other clinical assessment/diagnosis tools for use with youthful drug users. Kentucky Youth First staff has been meeting with the Study Director at the University of Kentucky's Center on Drug and Alcohol Research to refine the state's adolescent outcome measures and to discuss ways to coordinate the use of this tool with the GAIN instrument. Kentucky state law requires all publicly funded substance abuse programs to participate in a treatment outcome study, called the Kentucky Treatment Outcome Study (KTOS). The adolescent version is called the Adolescent Kentucky Treatment Outcome Study or AKTOS. This instrument embeds the GPRA measures coupled with past 12 month measures.

A-6 and A-7: Licensure/Accreditation: Discussions have been held with the Adolescent Consortium, which consists of the key providers of adolescent focused treatment in Kentucky. This group will be involved in formulating ideas about a gradual process toward licensure or certification.

A-8: Sustainability: No activity on this aim at this early point in the project.

A-9: Training: In terms of increasing training and clinical consultation supports, a national GAIN trainer and prior Clinical Supervisor of a CSAT funded Strengthening Communities-Youth grant has been hired as the Adolescent Clinical Trainer. This will greatly facilitate the development of local GAIN trainers, and thus address requirement A-5 regarding the importation of screening and assessment tools. The Adolescent Clinical Trainer has also been trained and has experience with the Seven Challenges and has trained staff with Kentucky's Department for Juvenile Justice on the MET-CBT 5 curriculum.

A-10: Shared Learning: Discussions have been held with agencies and providers about training needs.

A-11: Family supports: No activity on this aim at this point in time.

A-12: Statewide Provider Organization: In Kentucky, this already exists. The grant has elevated the status and role of the Adolescent Consortium in responding to the aims of the project.

A-13: Research Findings: The Project Director has participated in the Kentucky Division of Mental Health & Substance Abuse planning committees for developing statewide dissemination of best practices and the Advisory Council on Co-occurring Disorders.

B. Knowledge Dissemination Efforts

The Project Director has initiated 20 meetings with over 250 key community, committee, and agency members to begin the process of gathering and disseminating information across the state. Informational meetings regarding the Kentucky Youth First grant were conducted with the following:

- Kentucky Child Now- project staff met with the Director and Training Director of this agency to discuss training collaboration for their HRSA grant titled Integrating Pediatric Health and Mental Health//Substance Abuse Care
- Kentucky Adolescent Substance Abuse Consortium- this provider group will serve in an advisory capacity to the grant
- Louisville Area Network for Substance Abuse Treatment- project staff serve on the advisory group for this CSAT funded Strengthening Communities-Youth grant
- State Interagency Council- a presentation was made to agency Commissioners and their delegates
- KY Youth Development Partnership- a Kentucky Child Now initiative focused on developing positive youth development
- Regional Community Mental Health/Mental Retardation Board Substance Abuse Program Directors- a key group for accessing public providers in the state
- Department of Community Based Services- training of child protective service workers in the area of identifying substance abuse problems in families and making appropriate referrals has been identified as an area of collaboration
- Fayette County Strike Force- based in Lexington, this group was convened by the Commissioner of Social Services for Urban County Government. Grant staff consult with the group to provide technical assistance regarding substance abuse treatment needs for adolescents
- Kentucky Center for School Safety- the Project Director serves on the Board of this organization and is involved in discussions with the Center's director regarding the support of student assistance programs in the state
- CSAP SPF-SIG grant committee- one of the Adolescent Liaisons is assigned to this committee to assure collaboration with prevention efforts at the state level
- Kentuckians Encouraging Youth to Succeed grant committee- grant staff attend state level implementation meetings of this CMHS System of Care grant also housed in the Division of Mental Health and Substance Abuse
- Student Drug Testing Advisory Committee- a state-wide group convened by the Office of Drug Control Policy to promote drug testing, grant staff emphasize the importance of intervention and treatment services for students testing positive for drugs
- Kentucky Promise- an overarching effort to build a state-wide infrastructure for positive youth development, grant staff will facilitate a linkage to substance abuse prevention efforts

C. Additional Information and/or Data (Optional)

To continue this collaboration between Kentucky Youth First, state and community agencies, a number of training and meeting dates are already set for the next several months. The grant team

at the primary site location will be fully staffed in February 2006, thus expanding its efforts to reach out to all areas of the state.

Data on grant related training and technical assistance initiatives is being collected and will be summarized in the next report. Only a handful of satisfaction surveys have been generated so far.

The project will also add a focus on ways to reduce data collection redundancies that arise from funding requirements. For example, CSAT calls for the GAIN with adolescent programs and state law requires AKTOS (which contains CSAT GPRA measures) and agencies must complete psychosocial histories. All three of these instruments cover many of the same variables – substance use, mental health status, school performance, peer influences, juvenile justice involvement, and recovery supports. Unfortunately all three have different ways of covering the same variables and thus increase not only data collection time, but also intrude into clinical service time. The Project Director is seeking ways to reduce this burden and to reduce the intrusion into intervention time with clients.

Key project staff participated in the CSAT new grantee meeting in Baltimore to discuss CSAT expectations and to begin adapting procedures as described in the grant application to CSAT requirements as defined in the meeting. One of the principal concerns raised by the Kentucky Youth First project staff was the language contained in the grant award about an 80% follow-up rate compliance on GPRA measures. Project staff were assured by CSAT that this did not apply to this grant since it was not a service providing project, but an infrastructure project.